PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of	1995, no person are re	quired to re	spond to a collection	n of inform	ation unless it display	s a valid ON	B control number	
Effective on 12/08/		Complete if Known						
FEE TRANSMITTAL For FY 2009			Application Number		10/535,733-Conf. #2831			
			Filing Date		May 20, 2005			
			First Named Inventor		Osamu OHARA			
			Examiner Name		A. Gussow			
Applicant claims small entity state		Art Unit 1643						
TOTAL AMOUNT OF PAYMENT (\$) 1,920.0		) /	Attorney Docket No.		1254-0282PU\$1			
METHOD OF PAYMENT (check	all that apply)							
Check Credit Card	Money Order	None	Other (g	olease ident	ify):			
X Deposit Account Deposit Account I	Number 02-2	2448	Deposit A	occunt Nan	Birch, Stewart	, Kolasch &	Birch, LLP	
For the above-identified depo	sit account, the Di	rector is h	ereby authorize	d to: (che	ck all that apply)			
x Charge fee(s) indicated	l below		Charge	fee(s) ir	ndicated below, ex	cept for	the filing fee	
Charge any additional f fee(s) under 37 CFR 1.	ee(s) or underpayr 16 and 1.17	nents of	x Credit	any oven	oayments			
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND E	KAMINATION FEE	s						
FII	LING FEES	SEAF	RCH FEES	EXAM	NATION FEES			
Application Type Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility 330	165	540	270	220	110			
Design 220	110	100	50	140	70			
Plant 220	110	330	165	170	85			
Reissue 330	165	540	270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES	***	·	·	•	·		Small Entity	
Fee Description						Fee (\$)	Fee (S)	
Each claim over 20 (including Reiss	ues)					52	26	
Each independent claim over 3 (inch	iding Reissues)					220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$)			Paid (\$)	Multiple Dependent Claims				
8 - 20 or HP  HP = highest number of total claims paid for.	X =			E	ee (\$)	ee Paid (	<u>\$)</u>	
Indep. Claims Extra Claims Fee (\$)		Fee Paid (\$)		_			-	
2 -4 or HP = X =			raiu (a)					
HP = highest number of independent claims	paid for, if greater than	3.						
3. APPLICATION SIZE FEE  If the specification and drawings ex listings under 37 CFR 1.52(e)), the sheets or fraction thereof. See 3	he application size	fee due	is \$270 (\$135 fo				50	
Total Sheets Extra Sheets			litional 50 or frac	tion there	of Fee (\$)	Foo	Paid (\$)	
- 100 =							1 010 (0)	
4. OTHER FEE(S)				c manuer,		Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110,00								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1801 Request for continued examination (RCE) (see 37							810.00	
SUBMITTED BY / /								
Signature D. MIMAD	min A		egistration No.	28,977	Telephone	(703) 20	5-8000	
Name (Print/Type) Gerald M Murphy	dr / //				Date	June 8	2009	

